



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Gabriele LUALDI et al.

Serial No.: 10/627,686

Examiner: Brian Pellegrino

Filed: July 28, 2003

Art Unit: 3738

For: FEMORAL PROSTHESIS FOR HIP ARTICULATION

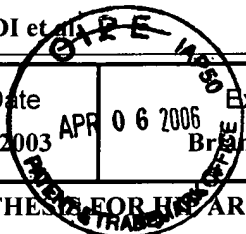
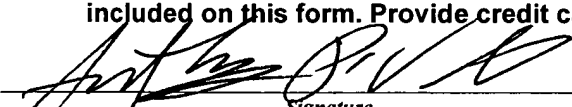
AMENDMENT AFTER FINAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the final Office action of January 6, 2006, please amend the above-identified application as follows:

AF/IFU

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. APV31644	
Applicant(s): Gabriele LUALDI et al						
Application No. 10/627,686	Filing Date July 28, 2003		Examiner Brian Pellegrino	Customer No. 24257	Group Art Unit 3738	Confirmation No. 4591
Invention: FEMORAL PROSTHESIS FOR HIP ARTICULATION						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	26 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: April 6, 2006			
Anthony P. Venturino Reg. 31,674 STEVENS, DAVIS, MILLER & MOSHER, LLP 1615 L Street N.W., Suite 850 Washington, D.C. 20036 Tel: 202-785-0100 Fax: 202-785-0200			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>			
CC:						